



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*#6/Election
10/11/02*

In re Application of:

Albert Chin et al.

Serial No.: 09/898,710

Examiner: C. Marmor, II

Filed: July 3, 2001

Group Art Unit: 3736

For: MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL ORIENTATION

Docket No.: 1001.1468101

Box Non-Fee Response
Assistant Commissioner for Patents
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

RESPONSE TO RESTRICTION REQUIREMENT

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL811913323US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 8th day of October, 2002.

By Kathleen L. Bookley
Kathleen L. Bookley

Dear Sir:

In response to the Office Action dated September 13, 2002, please consider the following response:

Applicants have carefully reviewed the Office Action dated September 13, 2002. The Office Action stated that two distinct species had been identified. Election of species was requested. Applicants elect species I, drawn to a method of polymer extrusion and corresponding to claims 1-15, without traverse.

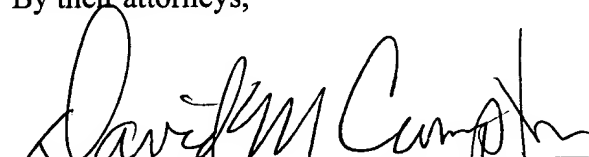
Examination of the above-identified claims is respectfully requested. If a telephone conference is believed necessary to resolve any issues with respect to the pending application, the Examiner is respectfully requested to contact the undersigned attorney at 612-677-9050.

Respectfully submitted,

Albert Chin et al.

By their attorneys,

Dated: 10/6/02


David M. Crompton, Reg. No. 36, 772
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Minneapolis, Minnesota 55401-2246
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10-09-02

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By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

☐ Amendment☐ No additional fee required☐ The fee has been calculated as shown:

| CLAIMS AS AMENDED | | | | | | | |
|------------------------------------|------------------|--------------|-------|--------------|-----------|-------|-----------|
| | (3) | (4) | (5) | SMALL ENTITY | | OTHER | |
| | REMAINING CLAIMS | HIGHEST PAID | EXTRA | RATE | ADD'L FEE | RATE | ADD'L FEE |
| TOTAL CLAIMS | - | = | | X9= | \$ | X18= | \$ |
| INDEPENDENT CLAIMS | - | = | | X40= | \$ | X80= | \$ |
| () FIRST MULTIPLE DEPENDENT CLAIM | | | | +135= | \$ | +270= | \$ |
| TOTAL | | | | \$ | | \$ | |

[] A check in the amount of \$_____ is enclosed. Itemization:

Fee Code _____ \$

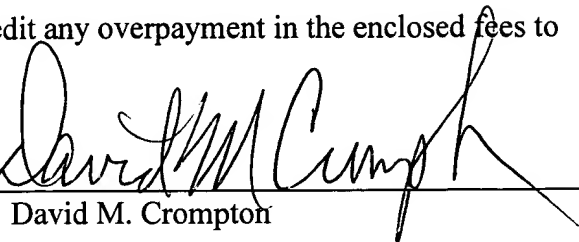
Fee Code _____ \$

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by verified statement previously submitted.

[XX] Other: RESPONSE TO RESTRICTION REQUIREMENT.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:


David M. Crompton

Reg. No. 36,772

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